Student Health Partnership

Service Plan Guidelines for 2003/2004

Student Health Initiative

Alberta Children and Youth Initiative

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Note: The Student Health Initiative is a joint initiative of the Ministries of Learning, Health and Wellness, and Children's Services.

Please also refer to the companion document to be published at a later date — *Student Health Partnership: Annual Report Guidelines for 2003/2004.*

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Student Health Initiative (SHI)

The Student Health Initiative is a joint endeavour of the provincial government partners of Alberta Learning, Health and Wellness, and Children's Services.

The Student Health Initiative's annual service delivery budget is allocated to Student Health Partnerships to enhance the provision of a range of integrated health and related support services for identified children with special health needs registered in school programs and to improve access to these services. The Student Health Partnerships adhere to the Student Health Initiative principles (see Appendix A, page 16) to help these children participate fully in education programs to attain their potential and be successful at learning.

In the Student Health Initiative, children with special health needs are those children who:

- have physical disabilities, developmental disabilities, neurological disorders, sensory impairments, medical conditions, emotional/behavioural disabilities
  and
- are registered in school programs funded by Alberta Learning from Early Childhood Services (ECS) to grade 12.

Students and children eligible to receive student health services are those who are registered with Alberta Learning in any of the following:

- public school programs (provided by public or separate school jurisdictions, or charter schools)
- private school programs
- private ECS operator programs
- institutional education programs
- homebound programs and home education programs
- alternative programs, such as online, blended and outreach.

Student health services include:

- rehabilitation (speech-language therapy, physical therapy, occupational therapy, audiology and respiratory therapy)
- nursing care for children with specialized and/or complex health needs
- emotional/behavioural supports including behavioural interventions, therapy and counselling.

Student Health Services and Costs

The following chart will help Student Health Partnerships determine what services are eligible for SHI funding. Follow the decision path (1–6) to ensure the Partnership's planned services meet the criteria.

	Decision Path	Criteria
1 ⇓	**Is the child eligible to receive a student health service?**	Children with special health needs are those children who: • have physical disabilities, developmental disabilities, neurological disorders, sensory impairments, medical conditions or emotional/behavioural disabilities **and** • are registered in school programs funded by Alberta Learning from Early Childhood Services (ECS) to grade 12.
2 ⇓	**What is the child's special health need?**	The student requires health and related support services to participate fully in his or her education program to attain his or her potential and be successful at learning, as identified in the student's service plan* or Individualized Program Plan (IPP). *** It is expected that all students receiving student health services have a student service plan if they do not have an IPP. Examples of student service plans are treatment plans, care plans, and case plans.**
3 ⇓	**Which eligible student health service(s) meets the identified need?**	Eligible Student Health services, which recognize cultural diversity and are provided in a culturally appropriate manner, include: • speech-language therapy • physical therapy • occupational therapy • audiology • respiratory therapy • nursing care • emotional/behavioural supports including behavioural interventions, therapy and counselling.
4 ⇓	**Who is the service provider appropriate to meet the need?**	Professionals and/or paraprofessionals are eligible service providers. – Teachers are not eligible service providers when working in an instructional role — see Q&A, page 3. – Teaching assistants are eligible service providers only for that portion of time spent providing student health services — see Q&A, page 3.
5 ⇓	**Which service provider activity is appropriate?**	• The following direct service activities provided to an identified student are appropriate: – assessment – consultation – program development – direct therapy – counselling and intervention for emotional/ behavioural issues – program implementation – summer programming, where identified as necessary in the student's documented service plan or IPP. • The following indirect service activities are appropriate **only** when provided by an eligible service provider (who is also providing a direct service): – case conferencing – service coordination – referral and follow-up – monitoring and evaluating student progress and outcomes – maintaining client records.
6	**What are the eligible costs included in hiring or contracting service providers?**	Eligible costs (see page 5) are those human resource costs directly related to program delivery of student health services, such as: • salary/contract costs • employee benefits • administrative support • travel • orientation and professional development • clinical supervision.

Eligible Student Health Service Providers

An eligible service provider, from an eligible service category, provides one or more types of service for an identified student with a special health need. Together, these constitute an eligible student health service when they are delivered to assist the student to be successful at learning.

- For example, a speech-language pathologist may provide assessment, consultation, program development, inservicing, supervision, monitoring, evaluation, service coordination and case-conferencing as elements of intervention for an identified student with a special health need to enable the student to be successful at learning.

Are teaching assistants eligible student health service providers under the SHI?

Yes, teaching assistants working with students with special health needs under the direction of professional staff and implementing program plans developed by professional staff are eligible service providers.

- Since teaching assistants may spend only a portion of their time providing student health services, school authorities may wish to estimate their costs by using a percentage. The suggested guide is that 25% of a teaching assistant's time is spent providing health and related support services to students with special health needs in the classroom.

Are teachers eligible student health service providers under the SHI?

When a person who is qualified and/or certified as a teacher is working in the role/capacity of a teacher, that role is to provide instruction to students, that person is **not** an eligible service provider. If a person with the same qualifications and/or certification is working in a non-instructional role, that person could be considered an eligible service provider in an eligible service category providing an eligible service.

- For example, a teacher who has appropriate professional qualifications and who works part-time in an instructional role and part-time in a school counsellor role could be an eligible service provider in the role of counsellor. Counselling is an eligible service in the category of emotional/behavioural supports. In this situation, the counsellor could be a service provider under the SHI to deliver emotional/behavioural supports as specified on student service plans or Individualized Program Plans for identified students with special health needs.

The importance of including classroom teachers in case conferences is recognized. As a result of better coordination and integration of student health services through the Student Health Initiative, there may be an increase in the demand for classroom teachers to attend case conferences to ensure that these services

will support students' abilities to participate fully in their school program and be successful at learning. For that reason, a Special Eligible Cost can support this activity (see Eligible Student Health Costs, page 5).

Eligible Student Health Service Delivery Activities

What is the role of Regional Educational Consulting Services (RECS), and how do their services relate to Student Health services?

Regional Educational Consulting Services (RECS), a new name that reflects the focus of the provincial services, are available to all school authorities in Alberta through the following centres: CASE in Grande Prairie, REACH in Calgary, Belvedere Sensory Multi-Handicapped Consulting Services in Edmonton, and Reseau Provincial D'adaptation Scolaire in Edmonton for Francophone students. RECS provide assessment and consultation for students and in-service and staff development activities. The centers do not provide therapy or direct intervention for students.

RECS employs staff with expertise in speech-language therapy, occupational therapy, and physical therapy to consult with school staff regarding educational programming for students with complex disabilities, and provide information on effective practice. RECS staff may conduct assessments of students to help design individualized program plans, but they do not provide therapy or direct intervention for students. RECS considers the school, not the student, as its client.

Each Student Health Partnership establishes eligible service priorities and identifies students who will be served. Services that are available from other community service providers are considered in establishing the service priorities.

Student Health Partnerships should consider the needs of students who are provided services by RECS when determining service priorities and in determining any parameters to exclude eligible students. As these students do not receive therapy or direct intervention from RECS, it may be appropriate to provide the needed health services through the Student Health Partnership.

When is inservicing and/or supervision an eligible student health service activity?

In order to be an eligible student health service, inservicing and/or supervision must be provided to an eligible service provider who is working directly with identified students with special health needs. Examples of eligible student health services are:

- inservicing teachers about asthma, where there are identified

students in their classrooms with these conditions
- inservicing the classroom team on behaviour management, when that team works directly with identified students with behavioural issues
- providing information sessions to parents of children identified with special health needs, when it is intended to help their children be successful at learning.

What are some examples of ineligible student health service activities?

Services or costs that are not eligible for funding through the Student Health Initiative are:
- population or public health services intended to benefit all students, not just those with identified special health needs; e.g., immunization, dental health, reproductive health and control of infectious diseases
- broad-based prevention programs not directed to identified students with special health needs; e.g., school-wide bully proofing program or classroom-wide language development program
- services that are not identified in the student's IPP or student's service plan.

When is professional development an eligible cost for funding through the Student Health Initiative?

Professional development is embedded in human resource costs. When an employee is hired with Student Health Initiative funding, the employing partner budgets for the management and support of the employee in its costs, including clinical supervision, travel, administrative support and professional development. These costs are in addition to the salary and benefits and are identified on Form 2.

The Student Health Initiative does not supplement professional development funding beyond employers' professional development policies.

Eligible Student Health Costs

Eligible Human Resource Costs Relating to Student Health Program Delivery	Eligible Costs Relating to the Student Health Partnership Administration	Special Eligible Costs	Ineligible Costs
Human resource costs directly related to the program delivery of student health services include: • salary/contract costs • employee benefits • administrative support • travel • orientation and professional development • clinical supervision.	Costs associated with Partnership administration include: • administrative support personnel • accounting and reporting • travel costs for Partnership meetings • Partnership management • brochures. The funding for the Student Health Initiative includes a component for Student Health Partnership administration costs equivalent to 4.5% of the total funding allocation. Partnership administration funding is a shared resource among all partners in the Student Health Partnership. Partnership administration costs exceeding the 4.5% allocation must be borne by the Partnership.	A special eligible cost is allowed *only* for replacement of the classroom teacher to participate in case conferences related to *only* those individual students with identified student health needs. Funds can be allocated to a maximum of 1.5% of the Student Health Partnership's total service delivery funding allocation. A special eligible cost is allowed for human resources that support a Partnership's integrated service delivery model. The cost for this support may be up to 4% of the Partnership's SHI service delivery funding allocation. This cost is separate from the administration funding allocation and the teacher replacement cost. The following criteria must be met and described in the Service Plan: • The position(s) will utilize an eligible service provider to assess the referral, gather information from multiple sources, meet with other professionals involved, and determine and coordinate the eligible service providers required to provide eligible services to the student. • The position(s) must serve as a pivotal support to the service delivery model for the Partnership as a whole, not to just one sector or partner within the Partnership. • The position(s) is/are a result of the Partnership's creation of an integrated service delivery approach, which is clearly demonstrated in the model (diagrams, flow charts, narrative, etc.) provided in the Service Plan.	Ineligible costs include: • construction/ purchase of land or buildings • rental/lease of space* • office furnishings/ equipment for staff* • technical aids, adaptive equipment/ devices for students • school food programs • child care costs • transportation costs for students. * Contact Alberta Infrastructure for support relating to these items.

Student Health Partnership

Each Student Health Partnership **must** include the following:

- public school jurisdiction(s)
- regional health authority
- child and family services authority **and**
- other school authorities (such as charter schools, private schools and private ECS operators) within the geographic area of the Partnership.

Joint Management
Shared responsibility for Partnership decisions and actions (with no single partner taking a dominant role).

Student Health Partnerships incorporate the following:

- shared vision
- open and clear communication
- joint management
- equal accountability and risk sharing
- continuous improvement.

Joint service planning and annual reporting occur as a continuous improvement cycle, in which the ability of the Student Health Partnership to meet the special health needs of identified children is enhanced through monitoring and evaluation.

Pooled/shared Resources
Pooled/shared resources are allocated to and used by the Partnership as a whole. As resources for a common purpose, they do not belong to any one partner.

- All partners in the Partnership must be involved in the planning process and deciding how to spend the pooled SHI funding (see Appendix B, page 17).
- Families and relevant stakeholders must have the opportunity for input in the planning process and development of the Student Health Partnership Service Plan. The Partnership is expected to facilitate this involvement.
- Partnerships must address the needs of identified students with special health needs registered in school programs funded by Alberta Learning.

Student Health Partnerships are provided with Student Health Initiative funds according to their partnership profile. The profile includes student enrolment from the previous school year for all students registered in school programs with Alberta Learning (ECS through grade 12) in the geographic area of the Partnership. The Partnership will be accountable for ensuring that student health services are accessible to all students, with identified special health needs, who are included in the Partnership's funding profile.

Service Plan

Service Plans and Annual Reports are completed as the two key components of an accountability cycle. This document is intended to provide information and direction to assist Partnerships in completing their Service Plans for 2003/2004.

The Student Health Partnership Service Plan is a public document that identifies local priorities and describes how the Partnership plans to:

- improve access to and enhance the provision of integrated health and related support services for children with special health needs registered in school programs
- help ensure that children with special health needs are able to participate fully in education programs to attain their potential and be successful at learning.

Required Components of the Service Plan

Effective the 2003/2004 Service Plan year, all Partnerships are using the Abbreviated Service Plan format. Approval of the Service Plan will be based on evidence of the Student Health Partnership's commitment to the student health principles (see Appendix A, page 16) and completion of the following required components:

1. **Statement of Accountability**
2. **Student Health Partnership Profile**
3. **Student Health Service Priorities**
4. **Performance Measures and Targets**
5. **Human Resource Plan**
6. **Financial Plan.**

See Appendix C, page 21 for a checklist of the required components.

1. Statement of Accountability

The statement of accountability is signed by the Chair of the Student Health Partnership on behalf of the Partnership, confirming that all partners:

1.1 have had the opportunity to participate in the development of the plan and have indicated to the Partnership their agreement with the Service Plan

1.2 have made a commitment to carry out the terms and conditions of the Service Plan to the best of their ability

1.3 have made a commitment to the Partnership to maintain their 1998/1999 levels of expenditure (baseline) on student health services.

Note: This section must include a list of all the partners for which the Chair of the Student Health Partnership is signing.

What is the Chair of the Partnership's responsibility in signing the Statement of Accountability on behalf of the Partnership?
The Chair must ensure that the Partnership has a process in place that documents each partner's commitment to the components of the Statement of Accountability (e.g., minutes of a Partnership meeting).

2. Student Health Partnership Profile

The profile must include the:

2.1 operating name and mailing address of the Student Health Partnership

2.2 names of designated contact(s), to a maximum of four, for public and media inquiries, including address, phone number, fax and e-mail address

2.3 identification of the school jurisdiction that is designated as the recipient ("the banker") for the Partnership's funding allocation.

3. Student Health Service Priorities

3.1 The service priorities, based on an assessment of student health needs and service gaps, must identify:

- the eligible student health services that will be addressed in this Student Health Partnership Service Plan, and
- any parameters developed by the Partnership to exclude eligible students to make the most effective use of SHI resources.

What are examples of parameters a Partnership may have developed?
Partnerships may have a variety of parameters in place. Some examples include:

- Speech-language therapy services will be provided only to students registered in ECS to grade 4.
- Assessment and consultation services in eligible student health service categories will only be provided where no other resource is available.
- Priority for providing services will be students with mild/moderate disabilities.

4. Performance Measures and Targets

Clarification

4.1 Performance Measures and Targets

A *performance measure* is a way of quantifying a process or result.

A *target* is the desired result for the performance measure. Partnerships are encouraged to examine their results from past performance measures, and where possible to set targets that reflect the intent to improve on past performance.

The short term goal of the Student Health Initiative is "school-aged children with special health needs have access to a range of coordinated health and related support services to meet their needs." All Partnerships are required to include performance measures related to this goal:

- number of students served with SHI funds
- access to coordinated/integrated services to improve student learning as measured by classroom teacher ratings of efficiency and effectiveness.

Partnerships will be required to report on these performance measures and targets in their Annual Reports.

What is meant by "continuous improvement" and how does it affect the development of the Partnership Service Plan?

- Continuous improvement is an ongoing process to support growth and accountability. It involves establishing goals and performance measures, monitoring progress, evaluating results and outcomes, and determining how improvements in performance can be achieved.
- When developing the 2003/2004 Service Plan, Partnerships should examine the progress (to date) of their goals and performance measures for the 2002/2003 school year. The Partnership should consider questions such as:
  - Are our performance measure targets being met?
  - What factors have contributed to our achievement of these targets and/or what factors have posed barriers to achieving these targets?
  - For the 2003/2004 school year, how can we build on factors that have created success?
  - For the 2003/2004 school year, how can we address barriers that have inhibited success?
- This analysis should be included in the Partnership's 2002/2003 Annual Report, along with any additional analysis completed after the submission of the 2003/2004 Service Plan.

4.1.1 Number of students served with SHI funds

Identify the target number of students with special health needs the Partnership plans to serve with SHI funds in each eligible student health service category. Targets should be set for the number of students to be served, not the number of services to be delivered within each category. For example:

- if the Partnership plans to deliver speech-language therapy services from both an SLP and a Communication Disorder Assistant to a student, this would be counted as "1 student to be served" under speech-language therapy services
- if the Partnership plans to deliver SLP, OT and PT services to a student, this would be counted as "one student to be served" in each of these three service categories.

4.1.2 Classroom teacher ratings of efficiency and effectiveness

Partnerships are required to conduct an annual survey of classroom teachrs who have students with special health needs. This survey is intended to gather information about teacher perceptions of the efficiency and effectiveness of student health services.

The teacher survey must include six required rating statements. A sample survey that Partnerships may wish to use is attached as Appendix D (page 22).
Partnerships must set targets for each of these rating statements, stating the percentage of teachers who will agree or stongly agree with each statement. The minimum target for each of the six ratings is 60%.

Performance Measure Survey response to:	**Definition and Method of Calculating**	**Target** (Desired % of responses that strongly agreed or agreed for 2003/2004)
i. plans being in place for students	# of responses strongly agree/agree / total # of responses X 100 = % of responses that strongly agree/agree	_____ %
ii. ease of referral	# of responses strongly agree/agree / total # of responses X 100 = % of responses that strongly agree/agree	_____ %
iii. length of time from referral to service	# of responses strongly agree/agree / total # of responses X 100 = % of responses that strongly agree/agree	_____ %
iv. availability of services	# of responses strongly agree/agree / total # of responses X 100 = % of responses that strongly agree/agree	_____ %

v. improvement in success at learning	# of responses strongly agree/agree / total # of responses X 100 = % of responses that strongly agree/agree	_____ %
vi. coordination of services	# of responses strongly agree/agree / total # of responses X 100 = % of responses that strongly agree/agree	_____ %

NOTE: Appendix D, page 22 is a sample questionnaire that contains the six required teacher rating statements.

How should Partnerships collect information for the classroom teacher ratings of efficiency and effectiveness?

- Partnerships can use any strategy to conduct the survey, but must ensure that the survey is completed by teachers who have students with special health needs. Other teachers will not find the questions relevant.
- Partnerships should conduct the survey in such a manner to establish a large enough sample size so that responses are reliable and valid. Some options for conducting the survey include:
  - incorporating the six required rating statements in another survey a Partnership is conducting with teachers
  - using the sample survey as a stand-alone tool
  - using the survey as a discussion guide during focus groups with teachers.

Change

- Teachers must respond to all six questions in order to ensure the validity of the results.
- Partnerships may wish to enhance the survey to enable teachers to comment on the rating statements for different categories of eligible student health services. This could be done by adding questions to the survey or asking teachers to complete a different survey for each of the service categories. Partnerships will only be required to report the overall (total) responses to each of the rating statements.

Clarification

4.1.3 Partnerships may include any other performance measures and targets they wish to add. Partnerships will be expected to report on the results of any measures noted in their Service Plan when they complete their Annual Reports.

5. Human Resource Plan

5.1 Identify the necessary human resources required to implement the Student Health Partnership Service Plan.

- This section must be congruent with Form 2, which identifies eligible service categories, and expenditures on salaries and benefits and other service delivery costs.
- There is no need to duplicate the information provided in Form 2 (see Appendix E, pages 23–24).

5.1.1 In a chart, provide information to supplement Form 2, describing the position titles of the personnel hired to provide each eligible service under the professional and paraprofessional designations (see example of chart on next page).

5.1.2 In a chart, identify which partner is employing/ contracting which personnel (see example of chart on next page).

5.1.3 Describe briefly how the human resource plan will result in a service delivery model that leads to better coordinated and integrated student health services across the Student Health Partnership.

Example of Human Resource Plan

Eligible Student Health Service Need Category	**Position Title for Each Professional** (must be congruent with the projected numbers identified on page 2 of Form Two, see page 30)	**Position Title for Each Paraprofessional** (must be congruent with the projected numbers identified on page 2 of Form Two, see page 30)	**Indicate Which Partner is Employing/Contracting Each Professional/Paraprofessional**
Speech-language Therapy	5 Speech-language Pathologists	18 Communication Disorder Assistants	5 Speech-language Pathologists employed by XYZ Regional Health Authority 10 Communication Disorder Assistants employed by PPQ School Jurisdiction 6 Communication Disorder Assistants employed by FGH School Jurisdiction 1 Communication Disorder Assistant employed by ABC ECS operator 1 Communication Disorder Assistant employed by LMN private school
Physical Therapy			
Occupational Therapy			

Audiology			
Respiratory Therapy			
Nursing Care			
Emotional/ Behavioural Supports	1 Mental Health Therapist 2 Behavioural Consultants		1 Mental Health Therapist employed by the Alberta Mental Health Board 2 Behavioural Consultants employed by the PDQ School Jurisdiction
Teaching Assistants		17 Teaching Assistants	13 Teaching Assistants employed by FGH School Jurisdiction 3 Teaching Assistants employed by PDQ School Jurisdiction 1 Teaching Assistant employed by LMN Private School
Other		3 Family/School Liaison Workers	2 Family/School Liaison Workers employed by ABC Child and Family Services Authority 1 Family/School Liaison Worker on contract with PDQ School Jurisdiction

What are some good risk management practices for partners to incorporate?

Student Health Partnerships share decision-making over the use of pooled resources. However, individual partners implement the decisions by employing or contracting with eligible service providers. While Partnerships are not legal entities themselves, they can take measures to assist partners in employing good risk management practices. Partners should consider the following.

- Partners who are recipients of SHI funds and employ staff to deliver student health services are responsible for those staff, just as they are responsible for any of their other employees.
- Employers of SHI funded staff need to ensure appropriate supervision of staff working in the school setting. Clinical and administrative supervision are important components of supervision. Appropriate qualifications to supervise the clinical component of practice are important to reduce risk related to staff performance.
- Performance appraisals can be a shared responsibility between the employer and designated personnel from the school setting, in order to facilitate both clinical and administrative supervision. These arrangements are best articulated in writing to ensure effective and safe practice within the school setting.
- Written guidelines for a communication process among all parties also is a critical factor in good risk management practice.

6. Financial Plan

Alberta Learning, on behalf of the provincial government partners, allocates Student Health Initiative funding to Partnerships according to school authority enrolments, on a school-year basis.

The student health funding must be pooled and used as a shared resource by the Partnership to address priority student health needs, as identified in the Student Health Partnership Service Plan. Pooled/shared resources are allocated to the Partnership as a whole according to the Partnership's funding profile, which identifies student enrolment reported to Alberta Learning by all school authorities for the geographic area of the Partnership. As resources for a common purpose, the funds do not belong to any one partner (see Appendix B, pages 17–20 for more information).

The financial plan must be submitted as part of the Student Health Partnership Service Plan and demonstrates accountability by projecting a budget (revenues and expenses) for student health service delivery.

6.1 Form 1 — Student Health Services Baseline Commitment.

- Effective the 2003/2004 Service Plan year, partners are no longer required to submit Form 1s to the provincial partners.
- The requirement for partners to maintain their baseline expenditures remains in place, however this will no longer be monitored at the provincial level. Partnerships are expected to determine an appropriate mechanism to hold one another accountable for maintaining baseline expenditures. This will continue to be reflected in the Statement of Accountability.

Can the Partnership's projected budget include unassigned/unallocated funds?

Sound accountability practice recommends that all SHI revenue be assigned to eligible student health expenditures in the projected budget when the Service Plan is submitted for review and approval. Unassigned funds of no more than 5% of the SHI service delivery allocation can be identified on Form 2.

6.2 Form 2 — Student Health Partnership Projected Budget (see Appendix F, pages 23–24).

- The Student Health Partnership must complete and submit this form (pages 1 and 2) as part of the Student Health Partnership Service Plan.
- Form 2 (page 1) identifies the Partnership's projected revenues and expenses.
  - The "other revenues" line has been eliminated since the Partnership is only accountable for SHI funds.
- Form 2 (page 2) includes a human resource plan and projected expenses.
- **Surplus funds (including interest earned on SHI funds) can be carried forward to the next Service Plan year, but deficits are not permitted.**
  - Surplus funds should be carried forward on each budget line and only spent for that purpose. For example, unused funds in one-time or start-up costs can be used for this purpose in subsequent years.
  - Partnerships may reallocate surplus administrative and start-up funds to service delivery, but service delivery surplus cannot be assigned to administrative or start-up costs.

6.3 Provide any additional information that strengthens the linkage between financial information and the Service Plan.

Submission and Approval of Service Plan

The Student Health Partnership Service Plan is annually developed for September 1 to August 31 and should broadly reflect a three-year planning cycle.

- As the Service Plan is developed for each new Service Plan year, progress relating to actions will be monitored, results will be evaluated and reported, and areas for continuous improvement will be identified by the Student Health Partnership.
- The Service Plan must be submitted to the Provincial Student Health Coordinator no later than **June 15, 2003.**
- For the 2003/2004 Service Plan year, it is recognized that some Partnerships may be in transition as they realign their boundaries. As such, Partnerships are asked to include as much information as possible about their plans for the 2003/2004 school year when they submit their Service Plans by June 15, 2003. However, Partnerships will continue to have the opportunity to make changes to their Service Plans as they move forward with their planning. All Partnerships will be expected to finalize their 2003/2004 Service Plans by January 31, 2004.
- Because the Service Plan may continue to change until January 31, 2004, release of the first payment (7/12) of the funding allocation will occur once the information submitted by June 15, 2003 has been reviewed for compliance with Student Health principles and policy.
- Release of the second payment (5/12) will be contingent on approval of the finalized Service Plan and the inclusion of all required components.

Who can provide assistance to the Partnerships?
The Provincial Student Health Coordinator is available to meet with Partnerships to provide information and ongoing support.

Annual Report for 2003/2004

Please refer to the companion document — *Student Health Partnership: Annual Report Guidelines for 2003/2004* when it becomes available.

The annual report for the 2003/2004 school year is due **November 30, 2004**.

Appendix A — Student Health Initiative Principles

Government endorses the following principles to guide the planning, delivery, and funding of student health services.

- Children with special health needs receive the health and related support services they need to participate fully in education programs to attain their potential and be successful at learning.
- Children and families are involved in decisions regarding the provision of student health services.
- Student health services involve joint planning, collaboration, and flexibility at all levels.
- Student health services are based on assessed needs and provided to achieve specific results.
- Alberta Learning, Health and Wellness, and Children's Services will ensure resources are available for student health services.
- Student Health Partnership Service Plans at the local level must commit to 1998/1999 levels of expenditures (baseline) for student health and show how student health and baseline funding are consolidated to provide student health services.
- Student health services are organized to make the most efficient and effective use of student health and baseline resources.
- School authorities, regional health authorities, and child and family services authorities share accountability for student health services.

Appendix B — Student Health Funding

The Student Health Initiative provides annual funding to enhance the provision of a range of integrated student health services so that children with special health needs are better able to learn at school. The funding is separate from the education funding provided to school authorities for students with special needs, as described in Alberta Learning's *Funding Manual for School Authorities*.

Alberta Learning, on behalf of the provincial government partners, administers the SHI funding to Partnerships, according to school authority enrolments, on a school-year basis.

The student health funding must be pooled and used as a shared resource by the Partnership to address priority student health needs as identified in the Student Health Partnership Service Plan. Pooled/shared resources are allocated to and used by the Partnership as a whole. As resources for a common purpose, they do not belong to any one partner.

All partners are expected to be involved in decisions relating to the use of the pooled funding, based on the approved Student Health Partnership's Service Plan.

Maintaining 1998/1999 Levels of Expenditure (Baseline)

Each partner is required to maintain its 1998/1999 level of expenditure (baseline) on student health services. However, the types and levels of services and supports offered by a partner may change as a result of the Student Health Partnership Service Plan. The Partnership can discuss different ways of addressing student health needs with their baseline resources.

Release of Funds

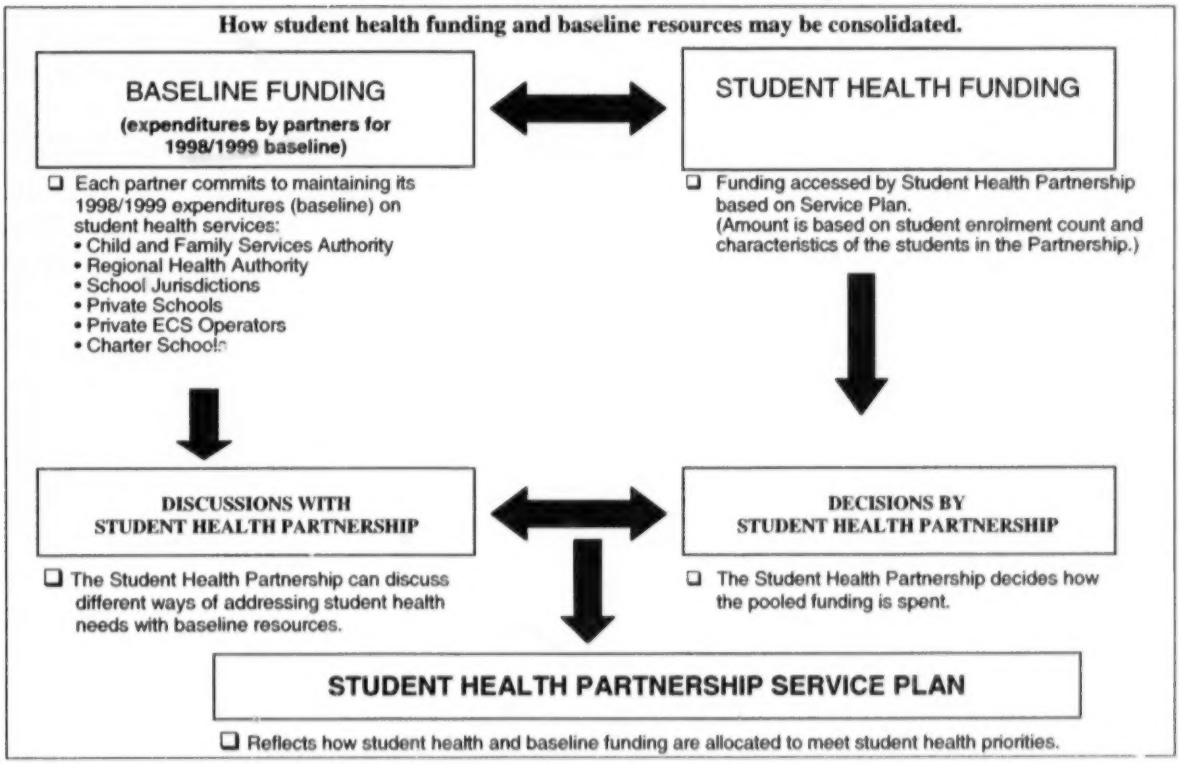
Upon government's approval of the Student Health Partnership Service Plan, Alberta Learning releases the student health funding allocation to the school jurisdiction designated by the Partnership as the "banker" to receive and administer the funds allocated on behalf of the Partnership.

Government approval of release of the student health funding is contingent upon joint commitment of all partners in the Student Health Partnership to:

- use the funding for health and related support services for children with identified special health needs registered in school programs to be successful at learning
- maintain 1998/1999 levels of expenditure (baseline) on student health services, with the flexibility for partners to allocate other funds to support integrated student health services
- consolidate student health initiative resources to improve the provision of student health services
- report annually on achievement of results and the allocation of student health initiative funding
- use any student health initiative surplus funds for student health services only
- jointly manage student health services, at the local level, based on the approved Student Health Partnership Service Plan.

Pooled Student Health Funding

How student health funding and baseline resources may be consolidated.


BASELINE FUNDING
(expenditures by partners for 1998/1999 baseline)
STUDENT HEALTH FUNDING
Each partner commits to maintaining its 1998/1999 expenditures (baseline) on student health services:
• Child and Family Services Authority
• Regional Health Authority
• School Jurisdictions
• Private Schools
• Private ECS Operators
• Charter Schools
Funding accessed by Student Health Partnership based on Service Plan.
(Amount is based on student enrolment count and characteristics of the students in the Partnership.)
DISCUSSIONS WITH STUDENT HEALTH PARTNERSHIP
DECISIONS BY STUDENT HEALTH PARTNERSHIP
The Student Health Partnership can discuss different ways of addressing student health needs with baseline resources.
The Student Health Partnership decides how the pooled funding is spent.
STUDENT HEALTH PARTNERSHIP SERVICE PLAN
Reflects how student health and baseline funding are allocated to meet student health priorities.

Questions and Answers

How is funding allocated for alternative programs, such as home education, online schools, or the blended program?
Students who are registered with school authorities in alternative programs such as home education/blended, outreach, and online are counted in the SHI funding allocation through the school authority where they are registered. The SHI funds are provided to the Partnership to which that authority belongs. Each Partnership is responsible for considering the student health needs of any student registered with its school authority partners who live in another region of Alberta.

In addition, before registering a student, the school authority is responsible for ascertaining whether the child has a student health need and for fully informing the parents about the availability and accessibility of student health services for their child so they can make an informed choice about registering with that authority.

- It is not practical in most cases for a school authority that delivers alternative programs for students across the province to join multiple Partnerships in order to access student health services for a small number of students. It is more reasonable to consider this option if there are several students in one area.
- Partnership SHI funds can be allocated for the purpose of purchasing services from private contractors or from the Partnership in the community where a student lives. If the Partnership wants to purchase services for a student from another Partnership, it should determine with that partnership how best to obtain the needed services. Options for obtaining the needed services could include:
  1. "contribution in kind" provision of service with the understanding that this would be a reciprocal arrangement; or
  2. negotiation of a "fee for service" between the two partnerships.
- Student health services that are offered by regional authorities should be accessible to residents of their communities, regardless of where a student is registered for a school program (e.g., a student living in central Alberta who is registered in a home education program in southern Alberta should have the same access as any other student with similar needs and grade level to baseline speech-language services from the central Alberta regional health authority).
- The responsible Partnership, on behalf of a student, could purchase a service that is not offered by the local authorities as part of their mandated/baseline student health services (e.g., psychological assessment).

How do newly approved school authorities that have not been identified in the Partnership's funding profile participate in a Student Health Partnership?

Smaller school authorities newly approved by Alberta Learning need to contact the Student Health Partnership in their communities to become partners. It does not matter that they have not been identified in a Partnership's funding profile. All identified children with special health needs who are registered in school programs funded by Alberta Learning from Early Childhood Services (ECS) to grade 12 are eligible.

Appendix C — Required Components of the Abbreviated Service Plan

1. Statement of Accountability

The statement of accountability is signed by the Chair of the Student Health Partnership on behalf of the Partnership confirming that all partners (school jurisdictions, regional health authority(ies), child and family services authority(ies) and other school authorities such as charter schools, private schools and private ECS operators):

- ❑ have had the opportunity to participate in the development of the plan and have indicated to the Partnership their agreement with the Service Plan
- ❑ have made a commitment to carry out the terms and conditions of the Service Plan to the best of their ability
- ❑ have made a commitment to the Partnership to maintain their 1998/1999 levels of expenditure (baseline) on student health services.
- ❑ This section must include a list of the partners for which the Chair is signing.

2. Student Health Partnership Profile

- ❑ Operating name and mailing address of the Student Health Partnership.
- ❑ Names of designated contact(s), to a maximum of four, for public and media inquiries (address, phone number, fax, and e-mail).
- ❑ Identify the school jurisdiction designated as "the banker" to receive the funds on behalf of the Partnership.

3. Student Health Service Priorities

Based on an assessment of student health needs and service gaps, service priorities must identify:

- ❑ the eligible student health services that will be addressed in this Service Plan
- ❑ any parameters developed by the Student Health Partnership to exclude eligible students to make the most effective use of SHI resources.

4. Performance Measures and Targets

In the Service Plan year, the required *performance measures* relate to the required short-term (process) goal and include targets for:

- ❑ number of students served with SHI funds
- ❑ classroom teacher ratings of efficiency and effectiveness.

- ❑ Identify performance measures and targets for any additional goals identified by the Partnership.

5. Human Resource Plan

- ❑ Identify the necessary human resources required to implement this Service Plan.
- ❑ In a chart, describe the position titles of the personnel hired to provide each eligible service under the professional and paraprofessional designations.
- ❑ In a chart, identify which partner is employing/contracting which personnel.
- ❑ Briefly describe how the human resource plan will lead to better coordinated/integrated services.

6. Financial Plan

- ❑ Complete and submit Form 2 (pages 1 and 2).
- ❑ Provide any additional financial information.

Appendix D — Sample Classroom Teacher Survey about Student Health Services

You have been selected to participate in a survey about student health services.

Please complete this survey **only** if some of your students have special health needs that affect their ability to participate in, and/or take full advantage of their school program.

- By **"special health needs"** we mean physical disabilities, developmental disabilities, neurological disorders, sensory impairments, medical conditions and/or emotional/behavioural disabilities.

This survey asks questions about the student health services provided to students with special health needs.

- By **"student health services"** we mean health and related support services that help these students participate fully in their education programs to attain their potential and be successful at learning.
- We **do not** mean special education services nor services intended to benefit all students, such as prevention programs, bully proofing, diversion, conflict management, school health nursing, or nutrition programs.
- Examples of student health services include speech-language therapy, occupational therapy, physical therapy, respiratory therapy, audiology, clinical nursing services, and emotional/behavioural supports.

Please rate the degree to which you agree with the following statements regarding the student health services provided to your students with special health needs during the current school year. Please be sure to respond to each question. Please note that "not applicable" is only a response option for question 6. Because this survey is to be completed only by teachers who have students with special health needs (as described above) all other questions should be relevant to you.

		Strongly Disagree	Disagree	Agree	Strongly Agree	Unsure	Not Applicable
i.	For each of my students with a special health need, an adequate plan is in place to provide student health services.						
ii.	It is easy to refer students for student health services.						
iii.	Student health services are provided within a reasonable time after a referral.						
iv.	The student health services that my students need are available.						
v.	The student health services have improved my students' abilities to be successful at learning.						
vi.	For my students who need more than one student health service, the various services are well coordinated.						

Please return this survey to _(contact name)_ by _(date)_.
Thank you for taking the time to participate.

Appendix E — Student Health Partnership Projected Budget

FORM 2 — PAGE 1

STUDENT HEALTH PARTNERSHIP:

_____

PROJECTED BUDGET FOR THE 2003/2004 SERVICE PLAN YEAR

PROJECTED REVENUES:		
SHI Funding Allocation for Partnership		
Service Delivery	$ _____	(A)
Partnership Administration (4.5%)	$ _____	(B)
Projected Total Surplus from 2002/2003 Service Plan Year[1]	$ _____	(C)
Total Projected Revenues	$ _____	*(A + B + C)*
PROJECTED EXPENSES:		
Salaries and benefits for FTEs	$ _____	**(D)** *(Taken from Form 2- Page 2)*
Other service delivery costs	$ _____	**(E)** *(Taken from Form 2- Page 2)*
Partnership administration[2]	$ _____	**(F)**
Total Projected Expenses:	$ _____	*(D + E + F)*

Signature on behalf of Partnership: _____

Title: _____

Date: _____

[1] The surplus indicated here should be the Partnership's estimated TOTAL surplus at the end of the 2002/2003 school year, rather than just that portion of the surplus that is required to cover planned expenditures for 2003/2004.

[2] Partnership administration expenses exceeding the 4.5% allocation must be borne by the Partnership.

FORM 2 — PAGE 2

PROJECTED HUMAN RESOURCE PLAN AND EXPENSES:			
Student Health Service Need	**# of FTEs to be Hired with SHI funds**	**Salaries and Benefits for Service Providers (FTEs)**	**Other Student Health Service Delivery Costs[3]**
Speech-Language Therapy			
Professional		$	$
Paraprofessional		$	$
Physical Therapy			
Professional		$	$
Paraprofessional		$	$
Occupational Therapy			
Professional		$	$
Paraprofessional		$	$
Audiology			
Professional		$	$
Paraprofessional		$	$
Respiratory Therapy			
Professional		$	$
Paraprofessional		$	$
Nursing Care			
Professional		$	$
Paraprofessional		$	$
Emotional/Behavioural Supports			
Professional		$	$
Paraprofessional		$	$
Teaching Assistants		$	$
Other			
Professional		$	$
Paraprofessional		$	$
Teacher Replacement	**Not applicable**	**Not applicable**	$ _____ **Special Eligible Cost to a maximum 1.5% of Partnership's total service delivery funding allocation.**
Human Resource Support for Service Delivery Model	**Not applicable**	**Not applicable**	$ _____ **Special Eligible Cost to a maximum 4% of Partnership's total service delivery funding allocation.**
Total	_____	$ _____ **(D)**	$ _____ **(E)**

[3]For example, clinical supervision, training (refer to Eligible Student Health Costs, page 5).